# Facility Maintenance (DFM)



# OFFICE OF THE CITY CLERK City and County of Honolulu Honolulu Hale Honolulu, Hawaii 96813-3077 Telephone: 768-3810

# **DISCLOSURE OF FINANCIAL INTERESTS** PUBLIC DISCLOSURE FORM

	FOR CALENDAR YEAR 2014
	OR TYPE CLEARLY)
(PRIN	OR TYPE CLEARLY)
වේ	POSS S. SASAMURA POSITION/ELECTIVE OFFICE & CHIEF ENGINEER EMENT/AGENCY DEPARTMENT OF FACILITY MAINTENANCE OF SPOUSE TERRY T. SASAMURA
NAME	POSITION/ELECTIVE OFFICE & CHICA ELECTIVE OFFICE
DEPA	TMENT/AGENCY DEPARTMENT OF FACILITY MAINTENANCE
NAME	OF SPOUSE TERRY T. SASAMURA
Chook	ne appropriate box and fill in any applicable dates:
Check	le appropriate box and fill in any applicable dates.
	INITIAL STATEMENT: Date on which you assumed office or began employment in this position
	You must file within twenty (20) working days after this date disclosing financial
	interests held during the preceding calendar year.
X	<b>ANNUAL STATEMENT:</b> You are required to file not later than January 31 of each year disclosing all financial interests held during the preceding year.
	LEAVING OFFICE STATEMENT: You are leaving or have left your office on and _ must file a statement within ten (10) working days of that date. You must disclose financial interests held
	during the preceding calendar year.
	CANDIDATE STATEMENT: You must file no later than ten (10) working days after the deadline for filing as a candidate for office disclosing interests held during the calendar year preceding the due date of the
	statement.
	VERIFICATION
throug	I declare that I have used all reasonable diligence in preparing this form, that I have reviewed Item Nos. 1 9, and to the best of my knowledge the information provided in this form is true and correct.
Date_	26 Jaunany, 2015. Signature 212

### **GENERAL INSTRUCTIONS**

All questions must be answered in regard to yourself, your spouse, and all dependent children. Use Abbreviations:

All items on the form must be completed. If you have no information to disclose under a particular item, check "None". If additional space is required to complete an item, check "Additional sheets attached". Make a copy of your completed financial disclosure form for your records for future reference.

Disclosures need not be made by exact dollar amounts but may be reported by "range of value". You may indicate the value of a reportable interest by using the appropriate letter from the following codes:

A. Less than \$1,000	E. \$50,000 - \$99,999	1. \$300,000 - \$399,999	M. \$700,000 - \$799,999
B. \$1,000 - \$9,999	F. \$100,000 - \$149,999	J. \$400,000 - \$499,999	N. \$800,000 - \$899,999
C. \$10,000 - \$24,999	G. \$150,000 - \$199,999	K. \$500,000 - \$599,999	O. \$900,000 - \$999,999
D. \$25,000 - \$49,999	H. \$200,000 - \$299,999	L. \$600,000 - \$699,999	P. At least \$1,000,000

1. **INCOME.** Only report compensation earned for services rendered equal to \$1,000 a year or more from any employment including, but not limited to, income from the City, retirement, social security, and deferred compensation. Do not report interest, dividends, alimony, property settlements, or child support payments. Individual items of compensation that constitute a portion of the gross income of a business or profession need not be disclosed. Report income from rental property here.

None	Additional sheets attached
i ivone	- I Addinonal Sheets allached

Recipient	Employer/Source	Position/Service Rendered	When	Annual Income
F	OF HONDERLY	DIRECTOR & CHIEF ENGINEER	1 Jan 2014 To 31 Dec 2014	F
SP	BANK OF HAWAII	LE CHIEF ENGINEER VICE PRESIDENT LASST. CORP. SECRETARY	1 JAN 2014 10 31 DEC 2014	E

<sup>&</sup>quot;F" for filer

<sup>&</sup>quot;SP" for spouse

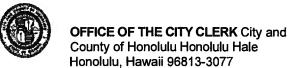
<sup>&</sup>quot;DC" for dependent children

<sup>&</sup>quot;JT" for joint interests of the filer and filer's spouse

installment trans	o not report any debts actions for the purchase as a home mortgage or	e of consumer goods,	whatever the amoun	
☐ None ☐ Ad	ditional sheets attached			
Person(s) Incurring Debt	Creditor	Original Loan A	Amount Am	ount Outstanding
F&SP(Jr)	QUICKEN LOAD	L e		F
F & SP(JT) F & SP(JT)	BALK OF HAWAI			C
beneficial intere incorporated, reg regulated financ trust, if the fund	OR INTERESTS IN ests having a value of pulated, or licensed to capital institutions, mutual or trust is disclosed undadditional sheets attached	\$5,000 or more or equivary on business in Hawainsurance policies, or der this item.	al to 10% or more of o aii. Do not report acco	wnership of businesses unts in federal or state
Owner(s)	Business Name and Address	Nature of Business	Percentage of Intere	st Value of Interest

	None	Addition	al sheets attached				
Ownership or Interest		Date of Tran	nsfer				
<b>—</b> 5.	positions	as trustee in ar	Fiduciary positions incling business or organization ority shareholder in a small.	n, whether or not	operated for	profit. Fi	iduciary position
		in non-profit co			,		o report nadola
			Name & Address of	Rusiness or			
	Position	Holder	Organizat	ion	Term of (	Office	Annual Compensation
	Position	Holder		ion ETY J USPORTATION	1 Jay 20	14	I
6.	CREDIT	OR INTERESTS	Organizat  OAHU FLEET SAF  ORCAANIZATION  GO DEPT. OF THE  SERVICES  650 S. KING  HONOLULU, HI	ion FETY J WSPOCTATION 3 ST. 96813	1 Jay 20 31 DEC 2	14	1
	momba	OR INTERESTS	Organization OAHU FLEET SAF ORCANIZATION CO DEPT. OF TRE SERVICES 650 S. KING HONOLULU, HI	ion FETY J WSPOCTATION 3 ST. 96813	JAJ 20 31 DEC 2	14	Annual Compensation

		sheets attached				
Representative		Client	Client City Age		Nature of Representation	
street ac children; "persona ∐None	i residence.	personal residence of to report the tax	or the personal r map key number	esidence of and street	value of the property in a the tax map key number a your spouse or depende address, identify instead	
Owner(s)	Owner(s) Tax Map Key Number & Street Address Value					
FESP	3465 Ke	KEANU ST., HONDEMU, HI M			1989	
(JT)	96816					
	ROPERTY TRAM during the prece- is less than the	NSFERRED. Only riding calendar year. value (as in the cas	report real propert For this item, indi e of a gift). You a	y transferred cate the actu re not require	I in the City and County al amount of the transaction and to report the tax map k	
9. REAL P Honolulu even if it number depende instead a	and street addre int children; if you as "personal reside	al sheets attached	al residence or the port the tax map	e personal r key number	esidence of your spouse and street address, iden	
number depende instead a	and street addre int children; if you as "personal reside		al residence or the port the tax map		esidence of your spouse and street address, iden	



# DISCLOSURE OF FINANCIAL INTERESTS

PUBLIC DISCLOSURE FORM Telephone: 768-3810 FOR CALENDAR YEAR 2014 (PRINT OR TYPE CLEARLY) EDUARDO P. MANGLALLAN POSITION/ELECTIVE OFFICE DEPUTY DIRECTOR DEPARTMENT/AGENCY DFM NAME OF SPOUSE MERLYN C. MANGLALLAN Check the appropriate box and fill in any applicable dates: INITIAL STATEMENT: Date on which you assumed office or began employment in this position You must file within twenty (20) working days after this date disclosing financial interests held during the preceding calendar year. ANNUAL STATEMENT: You are required to file not later than January 31 of each year disclosing all financial interests held during the preceding year. LEAVING OFFICE STATEMENT: You are leaving or have left your office on \_ file a statement within ten (10) working days of that date. You must disclose financial interests held during the preceding calendar year. CANDIDATE STATEMENT: You must file no later than ten (10) working days after the deadline for filing as a candidate for office disclosing interests held during the calendar year preceding the due date of the statement. **VERIFICATION** I declare that I have used all reasonable diligence in preparing this form, that I have reviewed Item Nos. 1 through 9, and to the best of my knowledge the information provided in this form is true and correct.

Signature\_

### **GENERAL INSTRUCTIONS**

All questions must be answered in regard to yourself, your spouse, and all dependent children. Use Abbreviations:

All items on the form must be completed. If you have no information to disclose under a particular item, check "None". If additional space is required to complete an item, check "Additional sheets attached". Make a copy of your completed financial disclosure form for your records for future reference.

Disclosures need not be made by exact dollar amounts but may be reported by "range of value". You may indicate the value of a reportable interest by using the appropriate letter from the following codes:

A. Less than \$1,000	E. \$50,000 - \$99,999	I. \$300,000 - \$399,999	M. \$700.000 - \$799.999
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D. \$25,000 - \$49,999	H. \$200,000 - \$299,999	L. \$600,000 - \$699,999	P. At least \$1,000,000

1. **INCOME.** Only report compensation earned for services rendered equal to \$1,000 a year or more from any employment including, but not limited to, income from the City, retirement, social security, and deferred compensation. Do not report interest, dividends, alimony, property settlements, or child support payments. Individual items of compensation that constitute a portion of the gross income of a business or profession need not be disclosed. Report income from rental property here.

None	Additional sheets attached
None	i Additional sheets attached

Recipient	Employer/Source	Position/Service Rendered	When	Annual Income
F	City & County	Deputy Director	1/14/2013	F
F	Military Retirement	Officer- 1/29/73 to 5/31/2000	5/31/2000	E
JT	Rental Income	Owners	3/30/2003	D
SP	Cathay Kai Jewelry	Part-time Vendor	6/15/1987	С

<sup>&</sup>quot;F" for filer

<sup>&</sup>quot;SP" for spouse

<sup>&</sup>quot;DC" for dependent children

<sup>&</sup>quot;JT" for joint interests of the filer and filer's spouse

installment trans	Do not report any debts sactions for the purchas as a home mortgage or	e of consumer goods,	whatever the amount.	nat arise out of retail Do report a secured
☐ None ☐ Ad	dditional sheets attached	i		
Person(s) Incurring Debt	Creditor	Original Loan A	Amount Amou	ınt Outstanding
JT	Navy Federal Credit Union	D	В	
JT	GMAC Mortgage	J	н	
JT	Wells Fargo Bank	L	к	
beneficial inter incorporated, re regulated finan	OR INTERESTS IN ests having a value of gulated, or licensed to ca cial institutions, mutual or trust is disclosed und	\$5,000 or more or equintry on business in Hawa insurance policies, oi	al to 10% or more of ow aii. Do not report accour	nership of businesses ats in federal or state
□None □ /	Additional sheets attache	ed		
Owner(s)	Business Name and Address	Nature of Business	Percentage of Interest	Value of Interest
JT	91-2039 Laakona Place, Ewa Beach	house rental property	100	К
JT	91-245 Leowahine St, Waipahu	apartment rental	100	Н

4. <b>OWNEI</b> busines	RSHIP OR II ses incorporat	NTERESTS TRANSFER ed, regulated, or licensed	RRED. Only d to carry on i	report tra ousiness i	insfers of ov n Hawaii dur	wnerships ing this pa	or interests in ast year.
✓ None	Addit	ional sheets attached					
Own	ership or Inter	est Date of	f Transfer				
						····	
position	s as trustee ir	ONS. Fiduciary positions any business or organ	ization, wheth	ner or not	operated for	profit. Fig	duciary positions
also inc positior	clude being a s ns in non-profi	majority shareholder in a torporations.	small or clos	sely held o	corporation. I	Be sure to	report fiduciary
✓ Non	e 🔲 Addi	tional sheets attached					
Position	Holder		e & Address of Business or Organization Term		Term of	Office	Annual Compensation
		STS IN INSOLVENT BU	JSINESS wor	th \$5,000	or more.		
✓ Nor	neAdditio	nal sheets attached  Name & Address o	<b>f</b>				
Hold	er	Business		ature of B	usiness		Value

7.	CLIENTS PERSONALLY REPRESENTED BEFORE CITY AGENCIES. Only report representation for which you have received compensation during the preceding calendar year. Do not report representation involving ministerial matters. "Ministerial matters" do not require discretionary authority and do not need to be disclosed.					
	✓ None Additional sheets attached					
	Representa	ative	Client	City Ag	ency	Nature of Representation
	8. REAL PROPERTY OWNED. Only report real property owned. Report the value of the property in any reasonable manner, such as assessed value. You are not required to report the tax map key number and street address for your personal residence or the personal residence of your spouse or dependent children; if you choose not to report the tax map key number and street address, identify instead as "personal residence."  None Additional sheets attached					
	Owner(s)	Tax Map	x Map Key Number & Street Address		Value	Year Obtained
	JT JT	91073056000 Beach	40000 91-307 Hoolu Pl., Ewa Beach 6000 91-2039 Laakona Pl., Ewa 60137 94-245 Leowahine St.,		N K G	2004 2008 1989
	01	Waipahu	•			1303
	9. REAL PROPERTY TRANSFERRED. Only report real property transferred in the City and County of Honolulu during the preceding calendar year. For this item, indicate the actual amount of the transaction, even if it is less than the value (as in the case of a gift). You are not required to report the tax map key number and street address for your personal residence or the personal residence of your spouse or dependent children; if you choose not to report the tax map key number and street address, identify instead as "personal residence."  None Additional sheets attached					
	Seller/Donor	Buyer/Donee	Date	Price	Tax Map Ke	ey Number & Street Address
				:		